## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 08, 2004

Application or Docket Number

| ₹  | CLAIMS AS FILED - PART I                       |   |   |                               |              |                                  |             | SMALL ENTITY           |     | OTHER THAN                 |                        |
|--|--|---|---|-------------------------------|--------------|----------------------------------|-------------|------------------------|-----|----------------------------|------------------------|
|  |  |   | (Column   | 1)                            | ((           | Column 2)                        | TYPE        | d d                    | OR. | SMALL E                    | NTITY                  |
| U.S. NATIONAL STAGE FEES   |  |   |   |                               |              |                                  | RATE        | FEE                    |     | RATE                       | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150 LA  |                               |              | E ENT. = \$ 300                  | BASIC FEE   | \$150                  | OR  | BASIC FEE                  | \$300                  |
| EXAMINATION FEE  |  |   |   |                               |              | ner situations =<br>100 / \$ 200 | EXAM. FEE   | \$100                  |     | EXAM. FEE                  | \$200                  |
| SEARCH FEE   |  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries = \$200 / \$400 |                               |              | her situations = 250 / \$ 500    | SEARCH FEE  | \$200                  |     | SEARCH FEE                 | \$400                  |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =   |                               |              | / 50 =                           | X \$ 125 =  |                        |     | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | 20 minus 20 = * _   |                               |              |                                  | X \$ 25 =   |                        | OR  | X \$ 50 =                  |                        |
| INDEPENDENT CLAIMS   |  |   | 4 minus 3 = *   |                               |              | 1                                | X \$ 100 =  | 100                    | OR  | X \$ 200 =                 |                        |
| MULT   | IPLE DEPEND                                    | DENT CLAIM PRE                              | SENT  |                               |              | ,                                | + \$ 180 =  |                        | OR  | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |   |                               |              |                                  | TOTAL       | 550                    | OR  | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |  |   |   |                               |              |                                  | SMALL       | ENTITY                 | OR  | OTHER THAN<br>SMALL ENTITY |                        |
| YT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>. AMENDMENT |   | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA                 | RATE        | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |
| OME  | Fotal  | *   | Minus   | **                            |              | =                                | X \$ 25 =   |                        | OR  | X \$ 50 =                  |                        |
| AMENDMENT  | ndependent                                     | *   | Minus   | ***                           |              | =                                | X \$ 100 =  |                        | OR  | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                               |              |                                  | + \$ 180 =  |                        | OR  | + \$ 360 =                 |                        |
|  |  |   |   |                               |              |                                  | TOTAL ADDIT |                        | OR- | TOTAL ADDIT. FEE           |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |   |                               |              |                                  |             |                        |     |                            |                        |
| ENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |   | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA                 | RATE        | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |
| DME  | Total  | *   | Minus   | **                            |              | =                                | X \$ 25 =   |                        | OR  | X \$ 50 =                  |                        |
| AMENDM   | Independent                                    | *   | Minus   | ***                           |              | -                                | X \$ 100 =  |                        | OR  | X \$ 200 =                 |                        |
| `  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                               |              |                                  | + \$ 180 =  |                        | OR  | + \$ 360 =                 |                        |
|  |  |   |   |                               |              |                                  | TOTAL ADDIT |                        | OR  | TOTAL ADDIT.<br>FEE        |                        |
|  |  | ·   |   |                               |              |                                  |             |                        |     |                            |                        |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.